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ABSTRACT

This survey of the occupational status, future needs, and educational interests of volunteers and professional personnel serving senior citizens who live in communities or institutional settings in Hartford, Connecticut, is based on the assumption that new careers will open up in fields related to gerontology to meet the needs of a rapidly expanding population of older adults in Connecticut. A questionnaire and a pretest were sent to personnel in social agencies, visiting and public health nursing associations, welfare departments, senior centers and clubs, convalescent homes, nursing homes, boarding homes, and hospitals serving Hartford, Connecticut. From the 254 respondents, the following service areas were identified: (1) medical care, (2) mental health, (3) financial assistance, (4) housing, and (5) social functioning. A second questionnaire was administered to 96 senior citizens both to determine their needs and to compare the results with organizational responses. Conclusions were: (1) Followup studies should focus on discrepancies noted between services reported by organizations and services seen as needing improvement by older adults, and (2) A geriatric program at the college level should be developed to meet in-service training needs and vocational interests related to the aging process. (Author/AG)

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ABSTRACT

This project represents an attempt to survey the occupational statuses, future needs and educational interests of professional and volunteer personnel serving people over age sixty-two residing in communities or in institutional settings within the capitol region of Connecticut. The survey is based on the assumptions that new careers will be opening in present occupations expanding in the field of gerontology to meet the constantly changing needs of a rapidly growing senior citizenry in Connecticut and that there exists a need for increased educational opportunities and courses in this field among those working with older people.

Methodology consists of a questionnaire and pretest sent to social agencies, visiting and public health nursing associations, welfare departments, senior centers and clubs, convalescent homes, rest homes with nursing supervision, boarding homes and hospitals serving the capitol region of Connecticut. A total of 254 respondents were contacted and service areas identified were: medical care, mental health, financial assistance, housing, social functioning and a category of "other." A second questionnaire was administered to 96 people over age sixty-five in the community and in nursing homes to assess their needs and to compare with organizational responses. Goals of the survey include identifying occupational statuses, projected needs and learning interests of those working with the elderly, as well as the elderly themselves, and the establishment of a complete sequence of college level courses in the field of gerontology for those working with older people or

those simply desiring to increase their understanding of the aging process and older people if the interest is indicated in the questionnaire responses.

The researcher has concluded that there is a notable discrepancy between reported services by organizations and services seen as needing improvement by people over age sixty-five who are the consumers of such services. A separate study centering on this issue is recommended.

A second finding is that there is interest among both practitioners (i.e., paid and volunteer) and elderly citizens in pursuing studies in the field of gerontology but not in developing specific careers in the field of gerontology. The researcher recommends the establishment of an accredited, college level, geriatric course sequence to meet the need for in-service training, present career development and specific interests related to the aging process. Such a sequence would be implemented gradually and offer a certificate or degree at completion as indicated by the preference of the majority of the respondents in this survey. It would be the hope of the researcher that such a course sequence would be able to open research opportunities in the field of aging as well as practical courses relevant to the needs of people over sixty-five, as well as those working with them in community services and medical facilities.

Howard W. Dickstein

Introduction

Because of the increasing life span of individuals in a rapidly changing and complex society, many persons who would not have lived to what might be considered "old age" in the past have achieved such dubious distinction today. They number approximately 289,000 in Connecticut, if we take age sixty-five as an arbitrary and yet generally accepted standard entrance year to old age; they are expected to increase in population by approximately two-thirds, i.e., to about 441,000, from 1965 to 1990.[1] Concentrated in the larger cities of the state and most heavily in Hartford County[2], the elderly are often ill-equipped to handle longevity in a society which forces isolation, rapid change and an accelerated pace of living upon them. The result is, all to often, emotional trauma, maladjustment, disengagement, physical deterioration, early senility, and even death. They are confused and alone and do not know whom to contact Such detrimental outcomes of the aging process in a modern society need not be the only results.

There are many individuals, professional and volunteer, working in national, state and local agencies in Connecticut meeting the many and varied needs of the elderly. There are still more who wish to enter the field of aging. A concern of many practitioners, however, is the lack of available training and courses dealing with the identification of the needs of older people in the community and in institutions and methods of helping them to meet those needs.

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1. Howard A. Rosencranz, Aging in Connecticut: A fact Book, (Hartford, Connecticut, 1971), pp. 8,9.

2. Ibid., p. 21.

CHAPTER I

OBJECTIVES TO BE ACHIEVED:

Based on the recognition of a rapidly increasing population of people over age sixty-five in Connecticut, their multiplicity of needs, and the increasing need for trained personnel in the field of aging, a survey of the number and types of occupational positions currently existing in services to people over age sixty-five was conducted in the Greater Hartford area. Its purposes were to evaluate the agencies and institutions in Greater Hartford providing service to people over age sixty-five and to identify future occupational needs in the geriatric field. A future goal was seen to be the establishment of a series of college level courses relating to the needs of people over sixty-five residing in community and institutional settings which could be offered by Manchester Community College.

The Greater Hartford area was defined as the Capitol Planning Region of Connecticut[3] which includes 29 cities and towns. This area was chosen for the survey as it is the area most directly served by Manchester Community College, the sponsoring institution, and an area in which there is one of the heaviest concentrations of people over age sixty-five in the State.

The specific objectives of the project are listed as follows:

1. An identification of the number and types of occupational statuses in social agencies and institutions in Greater Hartford.
2. An identification of current job openings in the agencies and institutions surveyed.
3. An evaluation of future needs over the next ten years in the field of gerontology in the Greater Hartford Community.

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3. Refer to Appendix A.

4. An evaluation of career interests in the field of gerontology and the learning needs and interests of those surveyed.

5. The planning and implementation of courses related to the needs of older people based on the data collected in objectives one through four.

Based on a survey of research in the field of gerontology over the last five years and a series of informal interviews, the researcher[4] has determined that such a project has not been undertaken in Connecticut within the last five years and has probably never been undertaken. It is seen as providing new and usable data to those planning careers in the field of gerontology, as well as mental health and public service. The researcher also sees this project as a tool not only in the enhancement of studies related to the needs of older people but also in the possible development of an inter-collegiate approach to research planning and teaching in this field. Responses to the proposed survey and course sequence have been enthusiastic, and several area colleges and agencies have offered assistance in the areas of planning, implementing and publicizing such a course sequence.

Study Design

The researcher has divided the methodology of this study into four general areas:

1. A general review of available literature in the field of gerontological research in Connecticut.

2. Questionnaires administered to Agencies and Institutions in the Capitol Region of Connecticut.

3. Questionnaires administered to people over age sixty-five

4. A proposed geriatric course sequence.

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4. This term refers to the author of this report, Howard W. Dickstein, and will be the term used throughout the report when referring to the author.

General Review of the Literature:

It is not the purpose of the researcher to complete an intensive study of all literature in the area of gerontological research in Connecticut but rather to note that such literature exists. The focus of this study is on the specific data accumulated which relates to the survey of geriatric careers in Connecticut. Impressions of other authors are noted as they relate to the research experiences and findings of the researcher of this project and are noted throughout the study rather than in a separate section of this report. Literature listed in this report (i.e., bibliography included) excludes literature used in the development of a geriatric course sequence. Material used to develop the sequence is submitted separately and independently from this study and noted in this report as it relates to objectives one through four cited on pages one and two of this report.

Agency Questionnaires:

The Respondents:

Two hundred and eighty-four agencies and institutions were identified as respondents in this study.[5] They include social agencies, volunteer organizations, general hospitals, mental hospitals, welfare departments, convalescent homes, rest homes with nursing supervision and boarding homes for older people. They were identified by available resource directories[6] as directly or "possibly" providing primary services to people over age sixty-five in the areas of medical care, mental health, financial assistance, housing and social functioning. The researcher using these directory resources and drawing on personal knowledge and

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5. Refer to Appendix B.

6. Refer to Bibliography.

experience[7] was responsible for the final selection of the agencies and institutions contacted. The list of agencies and institutions selected for questioning was a composite of several lists and more comprehensive than any existing source in the Greater Hartford Area identifying services to older people. Any agency which was even remotely defined as possibly providing a direct service to people over sixty-five was included in the survey.

Excluded from the survey were private individual practitioners such as clergy, doctors, lawyers and counselors as those most directly involved with older people, were seen as also being involved with agencies and medical facilities serving older people. For example, many geriatric physicians and psychiatrists serve as consultants to local convalescent and rest homes. Also, time and economic restrictions were an important factor in excluding these individual practitioners, as well as the fact that educational requirements of these occupations restricted them from the general public seeking service careers in the field of aging. Also excluded were churches and educational institutions, as their intervention was viewed as being more secondary than primary, with, again, the most interested people from these categories seen as being included in some of the categories chosen for the survey. Finally, planning commissions were also excluded as they were seen as not providing direct or indirect "primary" services to people over sixty-five. Again, time and economic factors also served to restrict this study as well as a goal of the project which was to identify, open and expand careers for volunteers and paid practitioners working directly with older people.

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7. The researcher is a social worker with almost seven years of experience in public welfare in the Greater Hartford Area in which he has provided both public and private services to institutionalized and community-based elderly.

The Questionnaire Format:

The agency questionnaire[8] was pretested on thirty-two respondents including five senior centers and clubs, four town welfare departments, three visiting and public health nursing associations and twelve social agencies (including state local and private agencies). These represented a ten percent random sample of each category. Questions were then modified for the second mailing to the rest of the group.[9]

Of the pretest questionnaires mailed, sixteen were returned representing a fifty-percent response. The major comments of the respondents interviewed regarding the questions themselves were that some of the questions asked the respondent to identify their educational needs and interests. They felt that they were unable to do this and asked that program or subject proposals be presented to them for comment. They also felt that polling their staff was too difficult and time consuming, especially in medical facilities with separate shifts and large numbers of staff. Other responses related to the structure of some of the questions which were changed to promote greater clarity.

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8. Refer to Appendix C.

9. Refer to Appendix D. Note that some respondents were surveyed at more than one address as it was in the interest of the survey to cover as many of the practitioners actually working with people over sixty-five as possible.

Questionnaires to People Over Age Sixty-Five:

In order to compare responses between the providers and consumers of geriatric services, as well as to better assess the needs of people over sixty-five, eighty-eight questionnaires were administered in a senior center and in two convalescent homes.[11] The convalescent homes, which were selected by the researcher, were settings in which he was familiar with the residents. This enabled the researcher to distribute questionnaires to individuals who were medically diagnosed as alert and oriented and thus capable of meaningful responses. The senior center selected was SPA (Service Performed with Aging) of Hartford, Connecticut. SPA was chosen because it is one of the largest senior centers in the Greater Hartford Area which houses several senior clubs and one with a representative population of the area. Questionnaires were personally distributed by the researcher or volunteers. This questionnaire distribution was not part of the original project proposal and was devised as an added dimension to the project. Because of time factors, and personal administration, and the nature of the questionnaire, i.e., shortness and many questions eliciting a "check-off" response, it was not pretested.

Geriatric Course Sequence:

A course sequence of five three-credit courses was prepared for implementation at Manchester Community College. Its purpose will be to provide in-service training to those working in the geriatric field, career orientation, and training to those interested in entering the field of gerontology, and information to individuals dealing with specific factors relating to problems of the elderly. The emphasis of the sequence

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11. Refer to Appendix E.

is on social service including casework, group work, and family counseling, and the courses are oriented to professional, lay, paid and volunteer groups servicing older people as well as to the older person himself. The sequence has been devised using the survey as its planning base, and course syllabi included in this project are subject to the approval and modification of Manchester Community College.[12]

CHAPTER II

Questionnaire Analysis

The questionnaires used in this survey have been tabulated separately and then compared for responses and interpreted in separate sections for the purpose of enhancing clarity. A summary of the results and list of recommendations follows at the end of the report. The following section, analyzes the practitioner responses.

Agency Questionnaires

Of the two-hundred-and-fifty-two final questionnaires sent out to agencies and institutions in the Greater Hartford Area, ninety-seven were returned by the cut-off date representing a thirty-nine percent response. Seven more questionnaires were returned late and were not included in the total analysis but the total response was actually forty-one percent. Twenty-six agencies returning the questionnaire identified themselves as not providing any services to individuals age sixty-five or older. This was to be expected as questionnaires were sent to several agencies identified by the researcher as "possibly" providing services to individuals over age sixty-five. This did not effect the representativeness of the survey responses as all of the agencies listed in the Greater Hartford Community Center Resource Guide and Where to Go for Help In Greater Hartford as serving people over sixty-five returned completed questionnaires.

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12. See Appendices F through J

Responses from institutions including hospitals, convalescent homes, rest homes with nursing supervision and boarding homes numbered twenty, representing a thirty-three percent return. Boarding homes affected this percentage markedly as only one home out of a total of twenty-six returned the questionnaire, and this facility did not complete the questionnaire other than to note that they were a small non-professional home providing only custodial care for four elderly people who have resided there a number of years.

Question I

My organization provides services to people over age sixty-five in the following areas: medical care, housing, mental health, social functioning (i.e., includes recreational activities) financial assistance, other and none.

Of the eighty-six respondents completing this question the following results are listed:

TABLE I

Provide no service to people over age sixty-five	26
Provide medical care	33
Provide housing assistance	20
Provide social services (including recreation)	42
Provide financial services	17
Listed other services	27

Several respondents listed themselves as providing more than one service, including convalescent and rest homes; many saw themselves as providing services in the areas of medical care, housing, mental health and social services. Other services listed as additions to the above categories include transportation, friendly visiting, education, foster homes placement, institutional placement, volunteer job placement, burial, and referral services to other agencies. Transportation and referral services were seen by the majority of the respondents (sixty-three percent) as a separate service provided by their organization. Several of the respondents who identified themselves as not providing services to individuals over sixty-five qualified their statements by noting either that although they serve this age group they also served other age categories, other age categories took precedence, or they could not identify personnel specifically assigned to individuals over sixty-five and therefore listed no services specifically serving these individuals. The highest percentage (forty-two percent) of services offered was in the areas of social and recreational services and the lowest percentage of services offered (eighteen percent) was found in the area of financial assistance.

Question II:

Is there any of the above service(s) which your organization defines as taking priority over others? If "yes", which one(s)?

Medical care was identified by fourteen organizations as taking priority over others. This was not surprising as twenty-eight of those which provided services to people over age sixty-five responding in Question I identified themselves as being primarily medical organizations, such as the visiting nurses associations, general hospitals, mental health clinics, chronic disease facilities, and convalescent homes. Some of these listed more than one service as taking priority over others. Six organizations noted social functioning as most important while three noted financial assistance. Finally other services not listed in Question I, which were seen as taking priority, were transportation, referral services and volunteer job placement. This question would have been more significant if it had been worded in the following manner: "Is there any of the above services which your oganization defines as taking priority over others regardless of whether you provide them or not...." This would not limit organizations to defining their own services, but those most needed in the field of geriatrics.

Questions III & IV (Combined):

In your agency/medical facility, how many people work in the following capacities (If a person does more than one thing, please list his main functions): administrators, assistant administrators, clerical, doctors, drivers, discussion leaders, general aides (not listed elsewhere), homemakers, home health aide, medical aide (in non-medical facilities), nurses, nurses' aide, occupational therapist, physical therapist, recreational staff, social worker-MSW, social worker-non-MSW, speech pathologist, teacher:

The results of responses to this question were not significant for the following reasons: some respondents did not indicate numbers of occupational categories; they use, instead, quantitative adjectives, such as "many" or "few" and check marks where numbers should have been inserted. This question was further skewed by a lack of definitions of certain occupational groups which were clear to the researcher, such as "general aides not defined elsewhere, medical aides, homemaker, etc..." The question was divided into two parts at the suggestion of pretest respondents interviewed to clarify these items. Some respondents still chose to answer both sections or parts of each. Another problem indicated in the responses to this question related to the placement of the "consultant." Some respondents listed him as paid, some as volunteer even though he is usually paid (i.e., in nursing homes) and some noted the presence of various consultants in their organizations without noting number or types. Finally, several organizations noted the presence of volunteers but did not classify for number them.

The numbers of staff in each occupational group in Table II will serve only as a statiscally significant sampling of each category, however, and represents minimum numbers of staff only to compensate for check marks used which may represent more than one person serving the organization. Questions III and IV, as earlier indicated, were combined for this analysis: A"plus" (+) indicates check marks were used in this category and the number is not an exact amount. It is not possible to interpret the data in this question except as speculation which will not be attempted by the researcher in this analysis for reasons previously noted.

TABLE II

	Paid	Volunteer
Administrators	31	
Assistant Administrators	20	
* Clerical	341 +	
Doctors	186 +	109
Drivers		188 +
Discussion leaders		7
** General aides (not listed elsewhere)	143	1133 +
Homemaker	53	
Home health aide	14	
Medical aides (in non-institutions)	118 +	200 +
Nurses aide (in institutions)	700	
*** Others	549	549
Occupational therapist	14 +	
Physical therapist	46 +	
**** Recreation staff	178 +	178 +
Social Worker MSW	57 +	3
Social Worker non-MSW	50	
Speech pathologist	11 +	
Teacher	47 +	
Nurses	1086	

* Clerical: This figure of 341+ was influenced by the fact that although this occupational group was listed in the institutional tabulation only as a means of not confusing them with other categories, some non-institutional agencies also completed the section with numbers and check marks and indicated the staff served the entire agency and not just elderly people. This was true, for example, of the veterans hospital which listed 101 clerical staff.

** General Aides: This response total was obscured by ambiguity and duplication. Drivers, medical aides and other categories listed elsewhere were included under this heading and in other sections. Respondents completing both questions III and IV were most apt to do this.

*** Others: This was also a product of duplication and lack of definition. As a result this category was duplicated in other categories by respondents or fitted in but undefined. They were also listed by several respondents as being both paid and volunteer at different times.

**** Recreational Staff: This category was also confused with "aide" and "other" categories and financial status of those listed was also unclear due to phrases of agencies such as, "We have both paid and volunteer recreational staff in our organization."

Question V:

Does your organization have openings in any of the previous occupational categories listed, and if "yes," how many in each category?

Those responding negatively or not at all to this question numbered fifty, while those indicating openings but not clarifying what the openings were numbered four. Openings listed included the following:

TABLE III

Administrator (i.e., includes both institutional and non-institutional settings).....	1
Assistant Administrators (i.e., includes both institutional and non-institutional settings)...	2
Clerical.....	5
Doctors (undefined as to specialties).....	6
General aides - (occupational therapy aide 1, and rehabilitation aide)5.....	6
* Nurses (R.N. and L.P.N.).....	69 +
* Nurses' aides.....	18 +
Occupational therapist.....	1
Physical therapist.....	4
MSW Social workers.....	2
Non-MSW Social workers.....	2
* Volunteer visitors.....	+

* + indicated that this is a minimum figure and more than this is noted as being needed by respondents who did not state amounts.

Again, these were minimum figures and are influenced by the fact that there was a heavy institutional response and not a 100%response to the questionnaire. The totals do, however, indicate a need for many additional people in the various agencies and institutions serving people over 65, particularly in the nursing and aide classifications.

Questions VI and VII Combined:

Do you anticipate adding, deleting or changing any services or programs affecting people over sixty-five in your organization; and do you anticipate any major changes in the number or types of occupations listed in your organization over the next ten years?

Of the sixty respondents answering question VI, thirty-nine indicated no changes anticipated in their organizations while sixteen said they did anticipate changes. Such changes include: a multiphase senior center in Hartford, expansion of the meals-on-wheels program, the creation of new transportation systems for senior citizens, expansion of volunteer services, the addition of professional social work staff in two towns in the greater Hartford area to specialize in geriatric services, expansion of friendly visiting services, more sheltered workshops for elderly people, the creation of a volunteer job placement service for senior citizens, the addition of telephone visitation programs for elderly in four towns, increased home health aide programs, new housing in four towns and an increase in general counselling. Five respondents indicated that they anticipated changes but did not elaborate.

Thirty-five respondents indicated no major staff changes were anticipated over the next ten years. This corresponded closely with the thirty-nine who answered "no" to Question VI. Only twenty-four respondents indicated that such staff changes were anticipated in the future. These changes included increased use of volunteers, professional social work staff, new director positions, more nursing staff and more aide staff in all classifications. Nine of the twenty-four organizations answering this question noted they saw changes in staff but did not elaborate, while three said they could not predict changes but that they would come in the "near future." It is concluded that there is no clearly defined commitments by organizations in the greater Hartford area towards major expansion over the next ten years.

Question VIII:

Recognizing time factors, scheduling difficulties, staff shortages and other problems, in which course topics are listed above, would you see the staff (including yourself) of your organization interested and benefiting?

Of the sixty organizations which indicated that they provided services to people over sixty-five, thirty-three (i.e., fifty-five percent) indicated an interest in courses relating to some or all of the subject areas listed. Nine of the organizations indicating that they did not provide services to people over sixty-five also indicated such interest, representing a positive response of seventy percent. The researcher does note, however, that the question does not ask if organizational staff would be interested in taking courses. The assumption is that if the interest is there, the courses will be planned and offered. To commit agencies to indefinite time schedules and a lack of complete course descriptions would have influenced the responses too greatly. The intent of the researcher in this question was to assess the need for such courses and recommend that they be established if the interest and the need were evident. The subject headings listed in this question were chosen by the researcher and were listed. This was done rather than making this an open-ended response due to pretest comments. These indicated that those organizations responding to the pretest did not want to propose subject matter for study but wanted such subject matter offered for their choice and comment. Undoubtedly, the subject matter listed influenced the responses because of the wording used and the order of listing. How much, has not been determined in this project. The five subject areas receiving the highest rank order among agencies

have been submitted as course proposals to Manchester Community College for implementation for the fall semester of 1973. These will be offered on a credit and non-credit extension basis for one year and will be evaluated as to relevance and interest at the end of the 1973 school year. The responses are as follows:

TABLE V

		Responses Indicating Interest	Preference Rank
A.	Sociological problems and processes.....	28	2nd
B.	Psychological factors and problems.....	33	1st (55%)
C.	Physical aspects of aging.....	22	5th
* D.	Business Course for geriatric facilities	12	8th
E.	Casework with older people.....	25	4th
F.	Problems of retirement and family living	22	5th
G.	Inter-agency seminar.....	26	3rd
** H.	Independent research.....	7	9th (12%)
I.	Group work with elderly.....	19	7th
*** J.	How to work with Institutionalized adults.....	20	6th
K.	How to promote social action among elderly.....	22	5th
L.	How to work with older people in community.....	19	7th

* This subject area was designed to evaluate interest of a select group, nursing homes (including convalescent homes and rest homes). Of the twelve such facilities answering this question, nine indicated

they would like such a course. One convalescent facility noted that such a course would be beneficial for itself and other convalescent hospitals employed by the same chain and that the response of that particular facility represented three convalescent hospitals. Other respondents indicating an interest in this course were two general hospitals and a non-medical service agency which worked with institutionalized and community-based people over sixty-five.

** Independent research was expected to elicit a low-positive response as it is an undefined area of exploration and usually not offered to a group interested in in-service training. The researcher was quite surprised that seven respondents, including service agencies, volunteer organizations and medical facilities indicated an interest in this subject area. Again, this subject area was not defined and will need further clarification if it is to be implemented in a formal course sequence as either a separate course option or as part of other courses.

*** Although the response to this question was high (forty-eight percent) the researcher now feels that this exemplifies the type of question that could have been affected either positively or negatively by the way it was worded. It was the intention of the researcher to introduce a subject area which offered the respondent an opportunity to study and engage in a variety of helping techniques and approaches related to the needs of disabled adults (over forty) and people over sixty-five in extended care facilities, convalescent homes, rest homes and boarding homes.

**** Finally, all of the seven agencies responding late and not analyzed indicated an interest in the majority of these subject areas listed.

Question IX:

What other topics would you like to see included?

Eleven respondents (i.e., eighteen percent) answered this question. Subject areas mentioned were the following: organizing skills of retired people in the community, nutritional needs of elderly, studying state, federal and local programs affecting elderly, study of community resources affecting elderly, study of problems of family living in which people over sixty-five reside with married children or with other relatives, organizing and training of volunteers, study of legislation affecting people over sixty-five and community planning for the elderly. Such subject areas are seen by the researcher as being combined with subject areas listed in Question VIII (e.g., nutritional needs of the elderly can be combined with physical aspects of aging), or presented as separate courses or seminars and will need to be studied further.

Question X:

How long should each course be? (includes list of sub-questions B through F)

Thirty-three respondents answered all or parts of this question. Of those responding there was no consensus of opinion on how many weeks or hours for courses, if they should be planned and offered. Nine respondents felt that courses should be offered which were between six and eight weeks long. Seven respondents indicated courses should be ten to fifteen weeks long with three respondents stating they should be a semester course. Two respondents indicated course length should depend

on the subject matter to be studied, relating length to the depth and breadth of such subject matter. Two respondents said one week, one said three weeks, and two indicated an interest in four-week courses.

Hours for each course were also difficult to tabulate and interpret as only ten respondents answered this section of the question with responses which indicated the total number of hours for each course, each session or general responses not totally clear to the researcher, such as fifteen weeks at six hours. It is not clear whether this answer indicates six hours a session, such as fifteen all-day sessions or fifteen forty-five minute sessions. Of those responding, however, six indicated an interest in two-hour sessions. The researcher at this time feels that this question should have been revised to read, "How long should each course be, one semester (fourteen to sixteen weeks), more or less (please explain) and how many hours should each session be? one, two, three, four, more? (Circle one.) The researcher has found that those who had taken college courses (i.e., indicated in Question #12) indicated a preference for a college course structure (i.e., one semester or fourteen to fifteen weeks at two to three hours per session) while those who had recently completed seminars indicated a structure similar to specialized seminars (i.e., two to six weeks of three to six-hour sessions).

Responses to Sections B through F of question X are as follows:

B. Nine respondents wish to see courses offered during the day, thirteen respondents wanted to see them offered evening, and thirteen wanted both, or either day or evening, as suitable for such courses. One respondent wanted them to be offered Saturdays.

C. Twenty-three respondents felt college credits should be offered, six said they should not, one indicated that such credits should depend upon content of the course, and one respondent said either credit or non-credit was suitable.

D. Twenty-four respondents felt that courses should be included in a degree or certificate program while three did not. One respondent said either a degree or non-degree (i.e., including certificate) was suitable.

E. Twenty-eight of the respondents as opposed to three felt that courses proposed should be offered to all occupational categories listed in Questions III and IV. One respondent felt that this depended upon the educational level of the courses.

F. Twenty-six respondents saw these organizations as being involved as a field placement or host to student visits. Five did not and one indicated it was already involved in such a manner while another respondent who had said its organization was not interested in being a field contact indicated the availability of its staff as guest lecturers.

Question XI:

What new careers would you like to see open in the field of aging?

Of the thirteen "sets" of responses to this question, (some respondents said more than one thing), not all were directly relevant to the question. Four respondents indicated the need was not for new careers but more people (i.e., both paid and volunteer) working in existing

careers. Some careers cited as new careers were already established ones such as craft skill teachers, social workers working exclusively in geriatric fields, nurses' aides, service planners and volunteer coordinators. Possible new careers which were mentioned included neighborhood workers and resource advocates for the elderly. Five respondents indicated a need to develop planning personnel and programs and increase the emphasis on personnel involved in rehabilitation for the elderly. All of these merit further study.

Question XII:

Have you taken any courses or seminars (of more than four sessions) sponsored by a college within the last three years? (Name them and comment on their quality.)

Sixteen respondents indicated they had taken such courses or seminars and fifteen discussed them. Twelve of the respondents indicated they took courses or seminars related to elderly studies. Of these, nine of the respondents found them to be good to excellent and those who commented on reasons why related their evaluations to the personality and qualifications of the person teaching or leading the sessions. Two respondents found their courses to be fair to poor and also related this to the person teaching or leading presentations. Five respondents listed college courses not related to aging including three who indicated that they took both, related and non-related courses. Other respondents listed no courses or seminars taken in the last three years or left this question blank.

Summary of Organizational Responses:

Summarizing the organizational responses, the following findings are listed:

A. Of the services provided, Social Service, medical care, and mental health were seen as the services most available to people over sixty-five.

B. Services not listed but seen as most needed and provided to people over sixty-five were transportation and referral services.

C. Nurses, nurses' aides, medical and general aides represented the largest categories of paid and voluntary positions serving people over sixty-five.

D. The greatest number of openings exist in the nursing, aides and volunteer occupations.

E. The majority of respondents saw no major changes in their organizational programs or staff over the next ten years and changes which were indicated fell into the social, volunteer and housing service areas. Staff additions were anticipated in the medical, social and volunteer occupational categories. There is, however, no commitment to clearly defined areas of expansion or to careers developments in the field of geriatrics in Greater Hartford.[13]

F. Fifty-five percent of the respondents indicated an interest in all or some subject areas listed with most interest shown in sociological, psychological and physiological problems and processes effecting elderly, casework with elderly, promoting social action among elderly, working with institutionalized adults, problems of retirement living and in an inter-agency seminar.

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13. This is probably related mainly to economical factors (i.e., absence of state and federal matching funds) at this time. There were many indications by respondents interviewed that expansion over the next few years was "hopeful" and "probable," but there were few actual new positions or programs being funded or in the process of being funded or implemented at this time.

G. Other subject areas most noted included: organizing skills of retired people, family living problems, training volunteers and a study of legislation and programs effecting elderly.

H. The majority of respondents saw six weeks to a semester as the optimum course length. Hours were not significant.

I. The majority of respondents wish to see courses offered in the evening or during the day. Evening was the largest exclusive category but responses in this opinion did not constitute a majority.

J. A large majority of respondents (sixty-seven percent) favored college credits and a degree or certificate program.

K. Ninety percent of the organization of respondents felt courses should be offered to all occupational categories and over seventy percent offered to participate as a field placement as host to student visits.

L. Neighborhood workers for the elderly and resources advocates for the elderly were seen as new careers.

M. Respondents indicating course or seminar work in aging or other areas were in the minority (twenty-three percent) and courses tended to be evaluated on the personality of the discussion leader or instructor rather than on course content.

ELDERLY QUESTIONNAIRE:

Forty-eight respondents were used in each of two separate administrations of six-question survey of people over age sixty-five in community settings and in convalescent facilities. They are analyzed for responses as a combined group and compared with the responses received on the organizational questionnaire. This population as previously stated was included as an added dimension to the total survey. Questionnaires were personally administered by the researcher in the convalescent homes and by volunteers in senior centers in the community. Volunteers assisted in answering any questions of the respondents answering these questionnaires.

Population:

The population responding to this questionnaire were selected by the volunteers administering them in the community and by the researcher in the convalescent homes. Selections were made based on the alertness and degree orientation of respondents and all respondents were personally known to either the volunteers or the researcher. Alertness and orientation were based on medical diagnoses in the convalescent homes but not in the community. Volunteers were, however, very familiar with the aging population completing the questionnaire and experienced enough to make a determination of who was mentally able to complete the questionnaire.

Of the forty-eight people surveyed in the community, thirty-six were female and twelve were males. The age range was twenty-three, the mean age was seventy-one, the median age was seventy-one and the mode was sixty-eight, with age clusters at sixty-five and seventy-three. The convalescent home population was quite similar (forty-eight respondents) with an age range of twenty-one varying from age fifty-nine through eighty (i.e., one respondent age 59). The median age was seventy-one and the mode was also seventy-one with clustering in ages sixty-five, seventy, seventy-one, and seventy-six. The mean was also age seventy-one. The majority of community respondents (seventy-one percent) listed residence in the City of Hartford with others residing in East Hartford, Wethersfield, West Hartford, Glastonbury and Newington while convalescent home respondents centered in South Windsor, Manchester, Hartford, West Hartford, East Hartford, Glastonbury, and Farmington as home towns.

RESPONSES

Question I:

Which of the following service areas do you feel are inadequate in Connecticut?

Of the community group which responded, the findings are listed as follows:

TABLE VI

Service	Responses
Medical Care	37
Housing	42
Financial	38
Mental Health	25
Social (including recreation)	27
Other	14
No change needed	1

Responses from the convalescent group indicated:

TABLE VII:

Service	Responses
Medical Care	21
Housing	3
Financial	42
Mental Health	0
Social (including recreation)	9
Other	0
No change needed	5

Reasons for the differences between the two elderly groups were seen as resulting from two major factors: one, living arrangement and, two, range of contact. The convalescent patients averaged a four-year convalescent stay. All, with the exception of three, were receiving state assistance under programs which allowed them to keep $5.50 to $9.50 per month from their own incomes which were mostly social security, retirement pensions or veterans' benefits. The rest of their income was used to pay part of the cost of their convalescent care. As a group they are most adamant about not having enough personal spending money. Medical care

related to who had a house doctor and who had a private physician. Patients in such facilities rarely see the house doctor who comes monthly or less, and who usually sees only patients needing evaluation as indicated by the nursing staff. Finally, the lack of responses in other areas was related to the fact that individuals in institutions tend to lose contact with the community and become very personally oriented.[14] Hence, individuals included in the institution responses tend to relate only to services within the institution.

Comparing organizational responses to elderly responses, the researcher concludes that there is a difference of opinion between the amount of services provided by organizations and the amount seen as needing improvement by senior citizens in all areas. This indicates that the organizational services are not good enough (i.e., qualitatively), are insufficient (quantitatively), that they are not available to the consumers of the services or that the consumers are not aware of the services that are available. Such assumptions are seen as the subjects of future study.

Question II:

How Would you like to see them changed:

Only twenty-four percent (twenty-three) of the elderly (both groups combined) answered this question. Eight respondents (one-third) said services should be generally overhauled. Other responses included the need for more, better housing, more services to shut-ins, more opportunities for elderly volunteers and more leisure time activities. In comparing these responses with organizational responses in Questions VI

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14. Mary E. Shaughnessey, "Emotional Problems of Patients in Nursing homes," Geriatric Psychiatry, Vol. 1, No. 2. (Spring 1968).

and VII, the majority of organizations indicated no changes were seen as needed while those who did anticipate changes included more volunteer programs, leisure time and job programs, more housing and more transportation. Others indicated the addition of social service and planning staff to reorganize geriatric services which corresponds to the elderly respondents request for general overhaul.

Question III:

Manchester Community College is planning a course sequence for older adults and people working with them. Which of the following subjects do you feel are important?

The responses to this question are combined for both elderly groups. It should be noted, however, that the institutionalized group offered very few responses to this question except 3 choices: B, C and D. This again relates to a personalized oriented individual who has been in institutionalized over a period of time.[15] The responses are as follows:

15. Wording has been changed in the elderly questionnaire to make the subject areas more understandable to the respondents.

TABLE VII

	Subject Area	Responses[16]	Preference Rank
	A. Social Aspects of aging	42	4th
	B. Psychological aspects of aging	62	3rd
*	C. Physical aspects and problems	77	2nd
**	D. Social work with older people	82	1st
***	E. Working with older people in groups	39	5th
	F. Working with older people in community	27	9th
	G. Working with older people in institutions..	36	6th
	H. Problems of retirement	34	7th
	I. Working with families	25	10th
	J. Housing needs of older people	34	7th
	K. Community programs serving older people....	31	8th

* Forty convalescent patients and thirty-seven community people saw this as a needed course.

** Convalescent patients accounted for forty-three of the responses to this question.

*** Of the twelve convalescent patients who responded to this question all were attending a bi-weekly group meeting led by the researcher. Although this undoubtedly influenced these responses, the researcher feels that more people would have responded positively to this item had they been in a group at the same time, simply because of the value seen in the group itself.

In comparing the organizational and elderly responses, the elderly group responded with numbers of people responding to various subject areas which ranged from eighty-five percent in subject "D" to twenty-six percent in subject "I". As was indicated in the organizational analysis, this question does not elicit a number of people who have stated they would take courses.. It is an indication of interest subject areas. The elderly group is seen as limited in the taking of such courses due to transportation, financial costs of courses and physical limitations

16. Note: Less than 10% of the institutionalized group responded to any questions other than B,C,D.

(i.e., all of these are especially true for institutionalized individuals). If such courses are to be made available to the elderly person, thought should be given to offering them at the lowest cost in settings available to them such as in senior centers or in convalescent homes or other institutional settings. The following table compares the top five responses of the organizations and the elderly to the questions asking for subject area preference:

TABLE IX

Rank Order	Organizations	Elderly
First choice	Psychological	Social Work
Second choice	Sociology	Physical
Third choice	Inter-Agency	Psychological
Fourth choice	Casework	Sociological
Fifth choice	Retirement	Groupwork

Psychological aspects of aging, sociological aspects of aging and social work with elderly ranked among the first five choices of both groups. Retirement was a seventh choice of the elderly respondents and a fifth choice of organizations. Certain specific subject interests offered to organizations which were not offered to elderly respondents accounted for some of the choice differences such as an inter-agency seminar and a business course for geriatric facilities. Responses were positive, however, from both groups toward the majority of subject areas and there is an indication by both respondent groups that courses should be available in most of the subject areas listed.

Question IV

What other subjects are important?

Only ten respondents answered this question from the community and institutional groups and these responses were not, as a whole, significant.

Three people said transportation as a subject area, possibly intending to indicate the need to study new ways of meeting the transportational needs of the elderly. Psychological problems, already included as a subject area was mentioned, home care was cited and special needs of the elderly.

There were only seven organizational responses to this question which indicated subject areas related to retirement planning, family adjustment, training volunteers and the study of community resources. Several respondents from both the elderly and organizational groups noted that the need was not for more courses but more sincere people in the field.

Question V

Have you taken any courses (or seminars of more than four sessions) sponsored by a college in the last three years?

None of the elderly respondents either in the community or convalescent homes had taken courses or had attended seminars in the last three years. This was not surprising considering the average age of the respondent and the fact that half of them had been institutionalized for an average of four years. It is also noted that the age of sixty-five and older represents a generation of immigrants from Europe who had not the time nor the opportunity for higher education.[17] If this study was re-opened approximately thirty years from now, the researcher feels that there would be responses indicating advanced coursework in some areas. It is also noted that approximately half of the respondents from the community group and about seventy-five percent of those who were in medical facilities did not answer this question at all.

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17. John M. Blum, et. al. The National Experience, Harcourt, Brace and World, Inc., New York, 1963, pp. 446 and 447.

Question VI

Do you see the need for new paid or volunteer careers in your community working with older people?

Fifteen community-based elderly responded to this question and three convalescent patients. The convalescent patients joined with ten community respondents in seeing the need for more paid and volunteer staff of all kinds. No one identified new careers responses included more medical staff and home care aides and more social service staff. One respondent indicated that volunteers should be paid a small remuneration to allow people with limited incomes to engage in such activities without losing money. Both the organizational responses and the elderly responses to this question (i.e., several) noted that the need was not for new careers, but for more people to fill existing needs in present careers.

Summary of Elderly Responses and Comparisons:

Responses of the ninety-six elderly responses and comparisons made to the organizational responses are as follows:

1. In contrast to the organizational group who reported the availability of services in all areas mentioned, the elderly noted inadequacies and the need for changes in all of the services available to them. This seems to indicate the need for additional study to clarify problem areas and to plan for changes. Housing, medical care and financial assistance programs were defined by the largest numbers being inadequate.

2. Change was seen as mainly general overhaul, more services to shut-ins, better housing and more opportunities for elderly volunteers, as well as more leisure time activities. No definite types of change were specifically cited.

3. The majority of elderly respondents show the need for courses as did half the organizational respondents (including late responses). The elderly ranked subject areas: social work, psychology of aging, physical aspects of aging, social aspects of aging and group work with elderly as their top five choices while organizations included psychological factors of aging, sociological aspect of aging, inter-agency seminars, social work and physical aspects of aging as top five choices.

4. No new subject areas were introduced by either group of respondents except for training volunteers and a possible study of transportational needs both of which fit other subject headings.

5. None of the elderly had taken courses or seminars in the last three years.

6. Nineteen percent of the elderly respondents and twenty-one percent of the organizations responding saw the need for new careers in the field of gerontology. Most of the responses were related to new careers of all kinds without defining them. Neighborhood workers and resource advocates were two possible new careers mentioned by the organizational respondents. The need for more"sincere" people in the present careers was indicated by both groups. Again, as with the organizational responses no trend to new or present geriatric careers was clearly defined.

Conclusions and Recommendations:

Based on the findings of this project the researcher concludes that there is an apparent discrepancy in the availability of services offered to and received by people over age sixty-five. It is felt that because so many of the group over age sixty-five sample noted inadequacies in existing services that an indepth study of this issue alone should be undertaken to clarify problem areas and changes which may be needed. This survey was designed to only identify service areas and those which are reportedly inadequate.

The researcher further recommends the implementation of a sequence of accredited college level courses open to all educational levels based on the subject areas survey in both questionnaires. The purpose of such courses would be to train people both paid and volunteer already in service to people over age sixty-five in a variety of areas, to train people wishing to enter the field of geriatrics and to offer courses to individuals and organizations seeking to resolve specific problems related to the needs or functioning of elderly or disabled persons in the community or in institutions. By offering the courses in an in-service and career program to all educational levels the opportunity of combining

experience and expertise (i.e., both educational and professional) would be there. This type of educational experience should be re-evaluated in one year as part of an on-going evaluation process and should lead to the offering of a certificate or degree program in the future as was indicated by the majority of organizational responses. Courses should be offered for those interested in the entire sequence to complete it on a part-time basis.

A sequence of courses designed to meet the above stated recommendations and which includes the interests and comments of the respondents of both questionnaires is submitted at the end of this report. This is a sequence of courses which has been submitted to Manchester Community College for approval, modification and implementation in the fall of 1972. It contains thirteen courses offering optional college credits and opportunities to study elderly and "disabled" adults (i.e., in response to the emergence of the convalescent and long term care facility as a setting which is increasingly accommodating itself to disabled adults of all ages as well as the elderly) in a variety of settings and from different points of contact. They are structured to begin with theoretical studies of people over sixty-five in the areas of sociology, physiology and psychology related to needs and function and progress to studies of specific needs and approches. Each course overlaps to provide review and continuity and each course stands alone as a total study in itself to meet the requests for in-service training and specific interest groups. The sequence would be implemented gradually, first offering two or three courses and then building or not as interest dictates. It noted that the interest seems to be in the area of in-service training, rather than in career development in the geriatric field.

Such courses, to ultimately be successful in meeting the stated goals of in-service training, career opportunities and specific interests, should be offered in an inter-collegiate effort. The researcher was contacted by three area colleges, in the process of conducting this research, which were interested in assisting in the planning and offering of such courses. At present, courses in aging are required as part of the ongoing requirements for licensing of nursing home administrators and a complaint has been submitted that time scheduling and traveling are major difficulties of those who live in areas outside of Greater Hartford. Only a few courses are offered in geriatrics around the state and the researcher feels an effort should be made to involve several colleges throughout the state in providing speakers, resource material and host settings for the courses themselves. It is noted by the researcher that several organizations have offered to be field agencies or hosts to student visiting. The practitioners in the field of gerontology as well as the elderly themselves are the experts and must be involved in planning for their needs.

In closing, the researcher is grateful for the opportunity to have conducted this survey but notes, as so many have done before, that he has only scratched the surface. He has only uncovered our lack of knowledge about the elderly and the need for further study in the field of gerontology. With each find, however, the archeologist is that much closer to the total answer. So it must be with the research which has been presented here. It has been determined that there is a need for training in the field of aging, which will, in turn, hopefully lead to new knowledge with which to experiment and discover. The sense of urgency

is there for us, for we are growing old and must create a meaningful existence for our old age. However, the sense of time is infinite and the study of the aging process and ways to deal with it and old age must continue as long as man ages.

Howard W. Dickstein

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*Note: Literature listed in this bibliography excludes literature which was researched in the planning of a geriatic sequence at Manchester Community College. This will be included in the syllabi of the courses submitted which will be independent of this project.

APPENDIX A

Capitol Planning Region

Andover
Avon
Bloomfield
Bolton
Canton
East Granby
East Hartford
East Windsor
Ellington
Enfield
Farmington
Glastonbury
Granby
Hartford
Hebron
Manchester
Marlborough
Newington
Rocky Hill
Simsbury
Somers
South Windsor
Suffield
Tolland
Vernon
West Hartford
Wethersfield
Windsor
Windsor Locks

APPENDIX B

AGING-CENTERS/CLUBS

"YOUNG AT HEART"

SENIOR CITIZENS OF AVON

SENIOR CITIZENS ADVISORY COMMISSION (MAYOR'S COMMITTEE)

SENIOR CITIZENS

SENIOR CITIZENS CENTER OF EAST HARTFORD

ROCHAMBEAU TENANTS ASSOCIATION

SENIOR CITIZENS GROUP OF THE BURNSIDE METHODIST CHURCH

SHEA GARDENS SENIOR CITIZENS CLUB COMMUNITY BUILDING

SENIOR CITIZENS CLUB OF EAST WINDSOR

ENFIELD GOLDEN AGE CLUB

TUNXIS SENIOR CITIZENS

FRIENDSHIP CLUB (SPONSORED BY Y.W.C.A. OF GREATER HARTFORD)

CHARTER OAK TERRACE SENIOR CENTER (HTFD. HOUSING AUTH.)

PARKVILLE SENIOR CENTER (PARKVILLE COMMUNITY ASSOC., INC.)

SALVATION ARMY SENIOR CENTER (SALVATION ARMY INC.)

SOUTH GREEN SENIOR CITIZENS CENTER (C.R.T.)

SOUTH WEST SENIOR CENTER (SOUTH WEST CITY CHURCHES, INC.)

HARTFORD NEIGHBORHOOD CENTERS

MITCHELL HOUSE

CLAY HILL

AARP HARTFORD AREA CHAPTER #245 IMMANUEL CONGREGATIONAL CHURCH

AARP - CONN. NORTH EAST CHAPTER #604

SENIOR CITIZENS CLUB

SENIOR CITIZENS CLUB DEPARTMENT OF PARKS AND RECREATION

AARP (NEWINGTON AREA CHAPTER)

STEFANIC SENIORS

60-CLUB ROCKY HILL CONGREGATIONAL CHURCH

SENIOR CITIZENS CLUB/GOLDEN AGE CLUB

SENIOR CLUB

SENIOR CITIZENS

RETIRED MEN'S CLUB

SENIOR CITIZENS GROUP OF TOLLAND

65 CLUB

VERNON SENIOR CITIZENS

OLD GUARD-WEST HARTFORD SQUIRES, INC.

WEST HARTFORD SENIOR CENTER (SENIOR CITIZENS ADV. COMM.)

ELMWOOD SENIOR CENTER (SENIOR CITIZENS ADV. COMM.)

AARP (WEST HARTFORD CHAPTER #575)

"OLDER ADULT PROGRAM"

JULIET L. BALGLEY GET-TOGETHER CLUB

WETHERSFIELD OLD ELM SENIOR CITIZENS CLUB

FRIENDSHIP CLUB

WINDSOR GOLDEN FELLOWSHIP

WELFARE DEPARTMENTS

1st Selectman Percy B. Cook

Mrs. Carolyn LaMonica

Miss Fedora Ferraresso, Dir.

Mrs. Jean Nichols

1st Selectman Samuel A. Richardson

1st Selectman William S. Mayer

Mr. Joseph Alleyne

Mr. Sebastian Santiglia

Mr. John Cooker, Supervisor

Mr. Ramon Cavadas, Supervisor

Mrs. Margaret H. Bjorkland, Dir.

1st Selectman John L. Daly, Jr.

1st Selectman Francis Pritchard, Jr.

Miss Beatrice Cormier, Supervisor

Mrs. Jane Thompson, Local Welfare Officer

Mrs. Hazel Hutt, Director of Welfare

Town Manager David Russell

First Sel. Mrs. Gladys Miner

Miss Mary Della Fera, Director

Mrs. Eloise Guptill, Director

Elton P. Harvey

Mrs. Dorothy Wondoloski, Social Worker

Miss Helen Ahern

1st Sel. Daniel F. Sullivan

1st Selectman Chester Thifault

WELFARE DEPARTMENT

Mrs. Jean Pearsall, Director

Miss Helga Swendsen, Director of Social Services

Mrs. Virginia Beyer

Mrs. Theresa Zersky

Mr. Edward V. Sabotka, Director

VISITING NURSE AND PUBLIC HEALTH NURSING

WINDSOR LOCKS PUBLIC HEALTH NURSING ASSOCIATION, INC.

WIDOWS SOCIETY

VOLUNTARY ACTION CENTER

VETERANS HOME AND HOSPITAL

VALLEY HOMEMAKER SERVICE, INC.

UNIVERSITY OF CONNECTICUT HEALTH CENTER - McCOOK HOSPITAL

VETERANS ADMINISTRATION REGIONAL OFFICE

VETERANS ADMINISTRATION HOSPITAL

IMMIGRATION AND NATURALIZATION SERVICE (Dept. of Justice)

SOCIAL SECURITY ADMINISTRATION

TRAVELERS AID SOCIETY OF HARTFORD, INC.

SUFFIELD EMERGENCY AID ASSOCIATION

BREAKTHROUGH TO THE AGED

CHILD DAY CARE CENTER, ST. PETER'S EPISCOPAL CHURCH

SOUTH WINDSOR INFORMATION AND REFERRAL SERVICE

SERVICE BUREAU FOR CONNECTICUT ORGANIZATIONS

SALVATION ARMY, THE - Hartford

SCHIZOPHRENIA ANONYMOUS

SALVATION ARMY, THE - Manchester

SALVATION ARMY, THE - New Britain

SAN JUAN CATHOLIC CENTER

ST. FRANCIS HOSPITAL

PAROLE SERVICES

ST. ELIZABETH GUEST HOUSE

ROCKVILLE GENERAL HOSPITAL

OPEN HEARTH ASSOCIATION

VISITING NURSE AND PUBLIC HEALTH NURSING

COLUMBIA-HEBRON-ANDOVER PUBLIC HEALTH NURSING AGENCY, INC.

THE AVON PUBLIC HEALTH NURSING ASSOCIATION, INC.

THE VISITING NURSE ASSOCIATION OF HARTFORD, INC.

ROCKVILLE PUBLIC HEALTH NURSING ASSOCIATION, INC.

CANTON PUBLIC HEALTH NURSING ASSOCIATION, INC.

THE VISITING NURSE ASSOCIATION OF HARTFORD, INC.

COMBINED PUBLIC HEALTH NURSING SERVICE OF EAST HARTFORD

ROCKVILLE PUBLIC HEALTH NURSING ASSOCIATION, INC.

ENFIELD VISITING NURSE ASSOCIATION, INC.

FARMINGTON VISITING NURSE ASSOCIATION, INC.

GLASTONBURY VISITING NURSE ASSOCIATION

GRANBY PUBLIC HEALTH NURSING ASSOCIATION, INC.

HARTFORD HEALTH DEPARTMENT, PUBLIC HEALTH NURSE

THE VISITING NURSE ASSOCIATION OF HARTFORD, INC.

COLUMBIA-HEBRON-ANDOVER PUBLIC HEALTH NURSING AGENCY, INC.

MANCHESTER PUBLIC HEALTH NURSING ASSOCIATION, INC.

MARLBOROUGH PUBLIC HEALTH NURSING SERVICE

THE VISITING NURSE ASSOCIATION OF HARTFORD, INC. (Newington)

ROCKVILLE PUBLIC HEALTH NURSING ASSOCIATION, INC.

PUBLIC HEALTH NURSING ASSOCIATION OF SOUTH WINDSOR, INC.

EMERGENCY AID ASSOCIATION, INC.

THE VISITING NURSE ASSOCIATION OF HARTFORD, INC. (Windsor)

WINDSOR LOCKS PUBLIC HEALTH NURSING ASSOCIATION, INC.

VISITING NURSE AND PUBLIC HEALTH NURSING

NEW BRITAIN MEMORIAL HOSPITAL

NURSING HOME PLACEMENT SERVICE OF CONNECTICUT, INC.

NATIONAL MULTIPLE SCLEROSIS SOCIETY (N.E. CONN. CHAPTER)

MOUNT SINAI HOSPITAL

McLEAN HOME

MANCHESTER MEMORIAL HOSPITAL

LARRABEE FUND ASSOCIATION

INSTITUTE OF LIVING

JONES, H.I. HOME

HOMEMAKER SERVICE OF ENFIELD

JEWISH FAMILY SERVICE OF GREATER HARTFORD

HELP, INC.

HARTFORD SKILL CENTER

HARTFORD REGIONAL CENTER

HARTFORD JEWISH COMMUNITY CENTER, INC.

HARTFORD JEWISH FEDERATION

HARTFORD HOSPITAL

HARTFORD EASTER SEAL SOCIETY REHABILITATION CENTER, INC.

HARTFORD COLLEGE COUNSELING CENTER FOR WOMEN

SOCIAL SERVICE DEPARTMENT

GAYLORD HOSPITAL

FISH

BLOOMFIELD FISH

EAST HARTFORD FISH

ENFIELD FISH

GLASTONBURY FISH

FISH

HEBRON FISH

MANCHESTER FISH

ROCKVILLE FISH

SOUTH WINDSOR FISH

SUFFIELD FISH

WEST HARTFORD FISH

WETHERSFIELD FISH

WINDSOR FISH

WINDSOR LOCKS FISH

FAMILY SERVICE SOCIETY

ENFIELD SOCIAL SERVICE, INC.

ENFIELD MENTAL HEALTH CENTER

DIVISION OF VOCATIONAL REHABILITATION

COUNSELING SERVICE OF Y.M.C.A.

EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF CONNECTICUT, INC.

CRISIS INTERVENTION CENTER

WELFARE DEPARTMENT - HARTFORD DISTRICT OFFICE

CONNECTICUT VALLEY HOSPITAL

SOLDIERS', SAILORS', AND MARINES FUND

DEPARTMENT OF MENTAL HEALTH

ALCOHOL AND DRUG DEPENDENCE DIVISION

BLUE HILLS HOSPITAL

HARTFORD REGIONAL OUTPATIENT CLINIC

NORWICH OUTPATIENT CLINIC

DEPARTMENT OF LABOR

ENFIELD OFFICE

MANCHESTER OFFICE

HARTFORD OFFICES

CLAY HILL MULTISERVICE CENTER

SOUTH GREEN MULTISERVICE CENTER

NORTH CENTRAL REGIONAL CENTER

MANSFIELD STATE TRAINING SCHOOL

MANSFIELD SOCIAL ADJUSTMENT PROJECT

OFFICE OF MENTAL RETARDATION

CEDARCREST HOSPITAL

AMERICAN NATIONAL RED CROSS

COLUMBIA CHAPTER

ENFIELD BRANCH

MANCHESTER OFFICE

NATHAN HALE BRANCH

AMERICAN NATIONAL RED CROSS - GREATER HARTFORD CHAPTER

ANDOVER COMMUNITY CLUB

CHURCH HOMES, INC.

ARTHRITIS FOUNDATION, THE

AMERICAN ASSOCIATION OF RETIRED PEOPLE (AARP)

AARP CONNECTICUT NORTHEAST CHAPTER #604

AARP NEWINGTON AREA CHAPTER #697

AARP WEST HARTFORD CHAPTER #575

ARCHDIOCESE OF HARTFORD

AMERICAN NATIONAL RED CROSS

CHARITABLE SOCIETY OF HARTFORD

DEPARTMENT ON AGING

CONNECTICUT CORRECTIONAL INSTITUTION (SOMERS)

CENTER CITY CHURCHES FOR THE AGING, INC.

CONNECTICUT CORRECTIONAL INSTITUTION (OSBORNE)

CONNECTICUT HUMANE SOCIETY

CONNECTICUT STATE HEALTH, T.B. CONTROL

FAMILY SERVICE SOCIETY

SALVATION ARMY - GOLDEN AGE CAMP

CONVALESCENT HOMES

AVON CONVALESCENT NURSING HOME

HIGH RIDGE CONVALESCENT HOME

HILLDALE EXTEND-A-CARE CENTER

BURNSIDE CONVALESCENT HOME, INC.

SILVER LANE PAVILION

ALLIANCE MEDICAL INN - FAIRFIELD

PARKWAY CONVALESCENT HOME

GERI-CARE CONVALESCENT HOME OF FARMINGTON

COLONIAL CONVALESCENT NURSING HOME

SALMON BROOK CONVALESCENT HOME

AVERY NURSING HOME

BUCKLEY CONVALESCENT HOME

ELIZABETH CONVALESCENT HOME

GREENWOOD PAVILION CONVALESCENT HOME

HEBREW HOME FOR THE AGED

LYDIA CONVALESCENT HOME

VICTORIA CONVALESCENT HOME

CRESTFIELD CONVALESCENT HOME

LAUREL MANOR

MANCHESTER MANOR NURSING

MEADOWS NURSING HOME

HILLTOP MANOR CONVALESCENT HOME

HOLLY HILL CONVALESCENT HOME

SIMSBURY CONVALESCENT HOME

SOUTH WINDSOR CONVALESCENT HOME

HEMLOCKS, INC.

ROCKVILLE NURSING HOME

SAINT ANTHONY CONVALESCENT HOME

HUGHES CONVALESCENT HOME

MERCYKNOLL

ST. MARY'S HOME

SAUNDERS CONVALESCENT HOME

SISTERS OF ST. JOSEPH INFIRMARY

WETHERSFIELD MANOR

ALLIANCE MEDICAL INN - WINDSOR

KIMBERLY HALL NURSING HOME

WINDSOR HALL NURSING HOME

BICKFORD CONVALESCENT HOME

BREAKTHROUGH TO THE AGED

SOUTH WINDSOR INFORMATION AND REFERRAL SERVICE

HOMES FOR THE AGED

HOFFMAN BROS. FARM

MRS. MABEL C. SHARPE

MRS. MARIE RAMAKER

LILLIE SIKES HOME FOR AGED

AVERY HOUSE

CHURCH HOME OF HARTFORD

FERNWOOD MANOR

GIRARD AVENUE MANOR

KING'S DAUGHTERS HOME

MANSION HOUSE

WOODS COUNTRYSIDE LODGE

FENWOOD OF CRESTFIELD

SOMERS HOME

BERMAN HOME

MISS PAULINE GERBER

NEDEAU HOME

MRS. MARY G. PERIL

CLARENCE HOUSE

CHAR-LAINE MANOR

MASSACK MEMORIAL HOME

HEMLOCK HOME FOR AGED

CABRAL BOARDING HOME

THE HOLIDAY

ST. MARY'S HOME

CHURCH HOME OF HARTFORD

AUGUST MOELLER HOME

Appendix C

The following questionnaire is designed to identify occupational statuses in agencies serving people over age 65 in the Greater Hartford area in an effort to determine future occupational needs in this area and the learning needs and interests of individuals working older people. Please complete the questionnaire and return it in the enclosed, self-addressed envelope to Manchester Community College by _____.

I. Agency Name_____ Facility_____Title_____

II. My agency Facility provides services to people over age 65 in the following areas:

(Circle as many as you wish)

A. Medical Care B. Mental Health C. Financial Assistance
D. Housing E. Social Functioning F. Other (Please Explain)
_____ None_____

III. Is there any service above which you would define as taking priority over the others in your agency? If yes, which one?_____.

IV. How many people are employed in your agency or facility in service to people over age 65? (Use one title only for each person)

Doctors_____(Psychiatrist_____ Other_____)
Nurses_____
Social Workers MSW_____ Case Workers_____(non-MSW)
Administrators _____ (Medical facilities only)
Administrative Assistants (excluding clerical)_____
Educators _____
Medical Aides_____
Social Service Aides_____
Recreational Staff_____
Homemakers_____ Home Health Aides_____
Others (explain)_____

V. How many of the above are paid staff (including consultants)_____?
VOLUNTEERS _____

VI. Does your agency/facility have openings in the above occupational categories? Yes____ No____ (If yes, how many in each category?)

VII. Do you anticipate changing, adding, or deleting programs or the expansion of present programs serving people over age 65 in the future in your agency? (Please explain).

VIII. Do you anticipate changes in the number or types of occupations serving people over 65 in your agency or facility in the future (over the next 10 years)? (If yes, please explain including, if you are able, the number and occupations to be changed using the occupational categories in question IV).

IX. What types of educational programs would you like to see made available to staff working with older people in your agency facility? (Please explain using any criterion--i.e., subject matter, program length, orientation, etc.)

X. Please ask your staff working with the elderly what courses or programs they would like to see made available to them in the field of aging. Attach their written responses to the questionnaire. Ask them to identify their occupational status (i.e. using question IV), highest level of educational achievement, and their career plans within or outside of the field of aging. They do not have to sign their responses.

ADDITIONAL COMMENTS:

Thank you for your cooperation.

Howard W. Dickstein

HWD:nlj

The following questionnaire is designed to indentify occupational statuses in agencies serving people over age 65 in the Greater Hartford area in an effort to determine future occupational needs in this area and the learning needs and interests of individuals working with older people. "Agencies and Medical facilities with more than one address will be contacted at each of their separate addresses so please answer only for the organization with who you are directly involved." Please complete the questionnaire and return it in the enclosed, self-addressed envelope to Manchester Community College by March 31, 1972.

Name of agency or medical facility completing questionnaire_____.

Title of person completing questionnaire_____.

I. My organization provides services to people over aged 65 in the following areas: (Circle as many as you wish).

a. Medical care
b. Housing
c. Mental Health
d. Social functioning (includes recreational activities)
e. Financial assistance
f. Other (please explain)_____.
g. None.

II. Is there any of the above service(s) which your organization defines as taking priority over others? If yes, which one(s)?_____.

III. In your agency (medical facilities go on to question IV) how many people work in the following capacities? (if a person does more than one thing, please list his main functions).

	Paid	Volunteer
Doctors	___	___
Nurses	___	___
Social Workers with an M.S.W.	___	___
Social Workers without an M.S.W.	___	___
Teachers	___	___
Discussion group leaders	___	___
Recreational instructor (includes crafts)	___	___
Recreational aids	___	___
Home makers	___	___

	Paid	Volunteer
Home health aides		
Medical aides		
General aides (not defined above)		
Drivers		
Others (please identify) _____		

IV. In your medical facility, how many people are employed in the following capacities?

	Paid	Volunteer
Administrator		
Assistant Administrator		
Doctors		
Nurses (R.N. & L.P.N.)		
Nurses Aides		
Social Worker (M.S.W.)		
Social Worker (non M.S.W.)		
Recreational Staff		
Physical Therapist		
Speech pathologist		
Occupational therapist		
general aides (not defined above)		
Clerical Staff		

V. Does your organization have openings in any of the previous occupational categories listed?_____If yes, how many in each category?

VI. Do you anticipate adding, deleting or changing any services or programs effecting people over 65 in your organization?_____If yes, please explain.

VII. Do you anticipate any major changes in the number or types of occupations previously listed in your organization over the next ten years?_____If yes, please explain if possible.

VIII. Recognizing time factors, scheduling difficulties, staff shortage and other problems, in which course topics listed below would you see the staff (including yourself) of your organization interested & benefiting (check as many as you wish)?

_____a. Sociological problems & processes effecting older people.

_____b. Psychological factors and problems of older people .

_____c. Physical aspects of aging.

_____d. Business course for geriatric facilities.

_____e. Casework with older people.

_____f. Problems of retirement and family living and how to help deal with such problems.

_____g. Inter-agency seminar to study agency services and problem areas.

_____h. Independent research.

_____I. How to work with elderly in groups.

_____J. How to work with institutionalized adults.

_____k. How to promote social action among the elderly.

_____l. How to work with older people in the community.

IX. What other topics would you like to see included? (please explain)

Weeks Hours

X. How long should each course be?_____ _____

b. Should they be offered during the day or evening?

c. Should they offer college credits?

d. Should they be included in a program offering a degree (ie. in gerontology for example)?

e. Should they be opened to all occupational groups previously listed in this questionnaire?

f. Would you see your agency as being involved as a field placement or host to student visits?

XI. What new careers would you like to see open in the field of aging?

XII. Have you taken any courses or seminars (of more than 4 sessions) sponsored by a college within the last three years?_____
If yes, please name them. What did you think of each and why?

Additional Comments (Use back of page if necessary).

Thank you,

Howard W. Dickstein

Appendix E

Many attempts are being made to find out how we can be more effective in the services we are providing to people over 65. Manchester Community College, in an effort to explore careers in aging and to create some meaningful courses for both those individuals working with older people and for these people themselves, is conducting a survey in which we feel you can play an important role in determining future services for older citizens. Please complete the following questionnaire.

Thank you,

Howard Dickstein

Your age_____ Your sex _____ Your marital status _____

In which town you reside_____

I. Which of the following service areas do you feel are inadequate in Connecticut? (circle as many as you wish)

a. Medical Care
b. Housing
c. Financial
d. Mental Health
e. Social (includes Recreation)
f. Other (please explain)_____
g. I see no need to change any services _____

II. How would you like to see them changed?

III. Manchester Community College is planning a course sequence for older adults and people working with them. Which of the following subjects do you feel are important? (check as many as you wish)

___a. Social aspects of aging and sociological problems of older people

___b. Psychological aspects of aging and problems of older people

___c. Physical aspects and problems related to aging

___d. Social work with older people

____e. Working with older people in groups

____f. Working with older people in community

____g. Working with older people in institutions (including nursing homes)

____h. Problems of retirement and pre - retirement preparation

____i. Working with families

____j. Housing needs of older people

____k. Community programs serving older people.

IV. What other subjects are important? (please explain briefly)

V. Have you taken any courses (or seminars of more than 4 sessions) sponsored by a college in the last 3 years? If yes, please name them. What did you think of each?

VI. Do you see the need for new paid or volunteer careers in your community working with older people? If yes, what kinds?

For additional comments (use back of page if you wish).

MANCHESTER COMMUNITY COLLEGE

COURSES TO BE INCLUDED IN THE GERIATRIC SEQUENCE

Physiology of Aging: 3 credits

This course attempts to examine the physical aspects of aging and the physiological changes that take place. It includes discussion of the physical problems of people age 60 and older in the community and some of the special problems forcing them to become institutionalized. Concepts such as "senility as a reversable process" are discussed as well.

Psychology of Aging: 3 credits

This course surveys motivations, emotions, perceptions, pathology and learning patterns and problems of people after age 60.

Sociology of Aging: 3 credits

This course examines the role and status of older people in a changing social structure. It touches on their later years as workers, retirees and users of leisure time and as family members.

Aging in the Community: 3 credits

This course looks at the particular needs of people over 60 living in urban and rural communities. It includes problems of retirement, retirement planning, money management and housing needs and explores medical, financial, social, and educational resources available.

The Institutionalized Adult 3 credits

This course examines the particular needs and problems of people over 40 confined in nursing homes, rest homes, convalescent homes, chronic disease hospitals and mental institutions. Particular attention is given to the [illegible] person over 60 and the long term care patient. Restorative services and programs are discussed as well as techniques of helping such individuals to benefit from the programs available.

Casework with the Elderly and Disabled: 3 credits

This course explores casework intervention with people over 60 and long term care patients in a variety of institutional settings. It includes techniques in working with the patient and his family in a team and individual effort aimed at assisting the patient to adjust to his situation, in making the transition from community to institution and back where possible and ways in which an individual may be assisted to function to optimum levels.

The Elderly Group: 3 credits

This course explores the planning, formation, and implementation of groups of people over age 60 in a variety of settings, both institutional and community. It deals with different types of groups and the special problems which may occur in each.

Social Action for the Elderly: 3 credits

This course attempts to explore issues related to aging and techniques, including community organization, which can be developed to work with social, volunteer and elderly groups, agencies and individuals toward social action and change in behalf of the elderly in the community and institutions. It includes a task orientation and the possibility of active field work in addition to a survey of political, social, financial and other issues locally, statewide and nationally effecting people over age 60.

The Unique Elderly: 3 credits

This course explores the problems of unique individuals over age 60 and long term care patients in a variety of settings. Included is the older alcoholic, the older addict, schizophrenia, death and dying and senility. Techniques of working with such individuals will be discussed and the goal will be to survey traditional as well as creative approaches in dealing with these and other problems brought up in class.

Independent Study in Aging: 3 credits

Working with a faculty member at Manchester Community College, the student will be responsible to produce a finished project related to some aspect of aging. The project will require the approval of the Geriatric sequence chairman and will require a proposal and periodic review of progress, as well as consultation as required. The project may be in the form of a paper, film recording or group presentation and must be based on documented research approved by the faculty member assigned to the project. The project will hopefully produce new or highlighted knowledge in the field of aging and may be selected as an individual effort or group assignment. A list of possible projects will be offered by the school.

ALTERNATIVES:

Business Course for Geriatric Facilities: 3 credits

This course will explore a general business orientation to nursing homes, convalescent homes, rest homes, and extended care facilities. It will include basic business and management techniques as well as the specialized business requirements of such facilities, including state billing procedures, medicare and medicaid processing and other special problems brought up in class related to the management of such institutions.

Seminar in Aging: 2 credits

This course is designed for the practitioner working in the field of aging to examine his own agency or group or community with an emphasis on reorganization, the creation of new services or facilities or resolving particular problems or strengthening areas of merit. It will include a comparison of several agencies at various levels with similar functions, problems or interests or who are engaged in similar practices or in practices which have resolved or reduced the problem(s) studied.

ALTERNATIVES: (continued)

Seminar in Retirement and Family Adjustment: 2 credits

The seminar explores general and particular problems related to retirement and family living for the disabled or person over 60. It explores ways in which such problems may be resolved and looks at individual situations brought out in class as well as common issues. Included will be a variety of different classroom activities including home visitations, role playing, role rehearsals and possibly psychodrama.

CONCLUSION:

The above sequence is designed to present, explore and summarize at various levels, the needs of the aged and the aging. It focuses on the aging process and the needs of the elderly and disabled in both the community and in institutions with goals of increasing professional skills and increasing knowledge in the field of aging and training new practitioners at a variety of levels to work with the elderly and disabled and their families. It is the hope the author of this proposal that such a sequence will, in meeting these goals, increase the quality of services offered to the elderly, and thus the quality of life in what has been so often termed, "the golden years." Gold, unpolished, will grow ugly and it scars easily because it is mean to be soft and ornamental in its function rather than productive. This must not be the case with the last years of our lives. We must grow old. This we cannot control unless by suicide or an untimely death. We can, however, attempt to control how we will adjust to growing old and how we will make the most out of our aging and age and this is so important in such a short life.

MANCHESTER COMMUNITY COLLEGE

COURSE SYLLABUS

Psychology 125

Course name and number: Psychology of Aging (Gerontology)

Department: Psychology - Education - Philosophy

Course title: Gerontology

Semester and year given: Fall 1971

Instructor: Kenneth W. Stuart

Prerequisite: Psychology 111

General Objectives: Gerontology will limit itself to a study of individuals over 62. The course surveys the motivations, emotions, perceptions, pathology and learning of people over 62. The course is designed for all who are interested in and work with senior citizens.

Content Objectives:

1. To give the student knowledge of all the assets and deficits of senior citizens that psychologists have accumulated.

2. To understand the reactions of senior citizens, as individuals to the wide variety of social, economic and political problem areas.

3. To study various partial solutions to problems of senior citizens that exist in local, state and federal areas.

4. To understand needs of senior citizens in the 1970's.

Concept Objectives:

1. To understand individuals as unique persons whose needs can be met to the degree we understand their situation.

2. To survey skills needed for those who will live with, relate to, or take care of senior citizens.

3. To provide background resource material to those whose responsibility is the care or direction or assistance of senior citizens.

Teaching Techniques:

1. Lectures.
2. Discussions (sensitivity training).
3. Outside speakers.
4. Visitations of hospitals - convalescent homes.
5. Short papers and "tape material".
6. In depth study of one individual (term paper).

Outline of Course Content:

I. Study of Characteristics of 50's Married, Unmarried

1. Vocations - initial retirement
2. Health - mental attitudes
3. Social characteristics - life styles and changes
4. Cultural characteristics

II. Study of Characteristics of the 70's Married, Unmarried

1. Vocations - post retirement
2. Health - mental attitudes
3. Social characteristics - life styles and changes
4. Cultural expectations
5. Needs - physical, emotional

III. Study of the Characteristics of the 80's - 90's

1. Married - Unmarried
2. Vocations - meaningful activity
3. Health - attitudes
4. Social characteristics - life styles - the last years needs

IV. Community Resources

1. Personal resources and family decisions - at each age.
2. Papers - visits to individuals and institutions.

Texts: Selected readings - technical and biographical.

12-4-70
/jw

MANCHESTER COMMUNITY COLLEGE

New Course Proposal

1. Course Title: Sociology 161 - Sociology of the Aging.

2. Submitted by: Eleanor D. Coltman and Eleanor Steere

3. Date of Submission: February 4, 1971

4. Department: Social Science

5. Curricular Placement: Recommended elective in: Liberal Arts and Science; Occupational Therapy; Correctional Services; Public Service Careers; and Business Administration.

6. Meetings per Week: 3 hours

7. Credit Hours: 3 semester hours

8. Anticipated Student Population: In-Service as well as all of above

9. Prerequisites: Sociology 101 recommended but not required

10. Course Description: This course examines the roles and status of older people within the context of our changing social structure, touching on the development of those people through their later years as workers, retirees, users of leisure time and family members.

11. Course Goals:
    (1) To offer the student background knowledge concerning the problems of the aged in Society.

    (2) To enable the student who will be working with the elderly to better understand their needs and desires.

    (3) The student will be able to present in a term paper a plan that he has devised to meet the need of the elderly in one of the following areas.

12. Course Instructional Objectives:

    A. Content Instructional Objectives:

        I. History
            The student will be able to describe in an essay or verbally the position of the aged in other societies, giving examples from several of the following: Primitive Societies; Greek; Hebrew; Roman; Middle Ages Oriental; and Colonial America.

        II. Productivity and Second Careers
            (1) The student will be able to list some of the employment problems both from the point of view of the employer and the elderly person.

(2) The student will be able to give examples of studies which show the ability of the elderly to apply themselves successfully in different areas of employment.

III. Retirement

(1) The student will be able to give several examples of pre-retirement and post-retirement problems, such as financial loss of status and changing social patterns.

(2) The student will be able to distinguish between these problems as they exist in varying socioeconomic levels, by giving examples from each.

IV. Living Problems

The student will be able to list some of the major factors involved in housing selection by older people including types and locations, and will be able to explain the different factors involved in rural or urban situations.

V. Inactive Elderly

(1) The student will be able to write an essay describing the major physiological changes in older people and the rehabilitation methods now available to them.

(2) The student will be able to describe several types of facilities available for the care of the incapacitated elderly.

VI. Public Attitudes

The student wil be able to write an essay showing, by the giving of examples, the youth oriented attitude of our culture.

VII. Effect of the Aged on Major Social Institutions such as: religion; family; politics; education; recreation; and crime.

(1) The student will be able to demonstrate by an essay his knowledge of the activity and attitudes of the elderly toward the church and the church toward them.

(2) The student will survey the change in the roles and relationships of the older Americans in the family situation with particular emphasis on the necessary adjustments.

(3) The student will be able to name several pieces of major legislation that assist the older American.

(4) The student will be able to list some of the problems of educational institutions in a society where the percentage of older people is increasing.

(5) The student will be able to tell some of the recreational needs of the 85% of the elderly who are ambulatory.

(6) The student will be able to discuss the training and rehabilitation needs of the elderly offender.

B. Concept Instructional Objectives:

I. History
The student will be able to write an essay explaining his understanding of the utilization treatment and acceptance of the elderly in several of the various societies studied.

II. Productivity and Second Careers
(1) The student will be able to contrast the attitudes and needs of industry with the attitudes and needs of the older citizen.
(2) The student will be able to interpret the statistical evidence which shows the wide area of competence in older people even in new employment areas.

III. Retirement
(1) The student will be able to demonstrate verbally or in writing his comprehension of the magnitude of the pre and post retirement problems.
(2) The student wil be able to describe on the different socioeconomic levels the varying approaches to retirement problems.

IV. Living Problems
The student will be able to show differences between the social and economic activities of the older citizen in different localities.

V. Inactive Elderly
(1) The student will be able to discuss the economic status of the disabled elderly.
(2) The student wil be able to write an essay explaining how the major physiological changes in the elderly necessitate changed life styles.

VI. Public Attitudes
The student will be able to describe the areas which demonstrate that the elderly are a minority group in our society.

VII. Effect of the Aged on major social institutions such as: religion; family; politics; education; recreation; and crime.
(1) The student will be able to describe several of the personal adjustments older people must make in relation to the church and the adjustments that the church must make to the emerging percentage of elderly in society.
(2) The student will be able to interpret, in an essay, the emerging family patterns that result from the changing roles and relationships with the family.
(3) a. The student wil be able to discuss the probable changes in political activity and the resultant legislation brought about by a higher incidence of elderly in the total population.

b. The student will be able to discuss the elderly as a contra culture vs. a subculture.

(4) The student will be able to explain some of the changes that may occur within education as the age patterns of the population change.

(5) The student will be able to write an essay describing the elderly as "pioneers of leisure."

(6) The student will be able to write an essay suggesting changes in attitudes of administration in criminal justice as it relates to the elderly.

13. Instructional Methodology:

1. Lecture/discussion

2. Audiovisual materials and field trips

3. Course evaluation by the term paper; at least two 1-hour exams essay type; final exam.

14. Suggested Text:

Gerontology A Book of Readings, by Clyde B. Vedder. Charles C. Thomas 1963

15. Anticipated Enrollment: 30 - 40 students.

MANCHESTER COMMUNITY COLLEGE

Course Name and Number: Physiological Aspects of Aging(Gerontology)

Department: Division of Mathematics, Sciences and Health Services Careers

Semester and Year Given: To be presented in Fall 1971-72

MANCHESTER COMMUNITY COLLEGE

NEW COURSE PROPOSAL

1. Course Title: Public Service 242 - Institutional Care of the Aging: The Administrator as Coordinator.

2. Submitted by: Howard W. Dickstein

3. Date of Submission: May, 1972

4. Department: Public Service

5. Curricular Placement: Credit Extension. Elective in General Studies and in any of the human services (Public and Health) Career Programs.

6. Time Assignment: 3 hours a week (One day or one night)

7. Credit Hours: 3 credit hours

8. Anticipated Student Population: Administrators and others providing services to the aging in institutional settings; students preparing for careers in the helping services; volunteers working with the aging.

9. Prerequisites: None

10. Course Description: This course will delineate the role of the administrator caring for the aging as the coordinator of an array of services. Each service is contributed by specialists whose complementary roles must be understood by all concerned with the care of the aging. Coordinating these services and providing smooth channels for delivery of them require constant effective administration. Techniques to achieve this will be examined.

11. Course Goals:

    1. To heighten awareness in the administrator of his role as coordinator of services.

    2. To increase the mutual understanding of the particular contributions of several specialists to the institutional care of the aging.

    3. To suggest techniques of administration that will increase the administrator's effectiveness in his role as coordinator of services.

12. Course Instructional Objectives: The student will be able to:

    1. Define the various kinds of institutions caring for the aging and distinguish the particular functions of each kind.

2. Define the role of the administrator and his expectations in that role in relation to:

   a. the patient and his family
   b. the medical staff
   c. social workers
   d. volunteers
   e. religious bodies
   f. the business sector
   g. government

A. The administrator and the patient and his family.

The student will be able to:

1. Describe, orally or in writing some of the major effects institutionalization may have upon individuals.

2. Suggest specific techniques for admissions offices to practice which will enhance the dignity of the incoming patient.

3. Describe briefly major rules of the institution in such a way that the patient's family understands these and the reasons for them.

4. List several procedures of the institution and indicate which directly benefit the patient, and how.

5. Construct a model for administrator-patient relationship.
6. Examine administrator-patient relationships in an agency to contrast the reality with the model and be able to list some practical obstacles that would have to be overcome to achieve the ideal.

B. The administrator and the medical staff:

The student will be able to:

1. Explain several services the medical staff may legitimately expect from administration.

2. Describe on-going kinds of information the administrator must have from the medical staff.

3. List possible effects on patients if communication between medical staff and administration weakens or breaks down.

C. The administrator and the social worker:

The student will be able to:

1. Define rather precisely the roles and functions of social workers working with or in institutions for the aging.

2. Show by giving an example how the administrator may enhance service to the client by coordinating the efforts of the social worker and the medical staff.

3. Discuss the pros and cons of the administrator serving as broker or arbiter among patient, family, medical staff and social worker when differences occur among them, to determine if this is a role function of the administrator.

D. The administrator and the volunteer:

The student will be able to:

1. Explain the responsibilities of the administrator for planning and utilization of services to the patients by volunteers.

2. List several services volunteers can offer and describe some administrative procedures that need to be set up to facilitate (or limit) volunteer efforts.

3. Justify such procedures from the standpoint of the patient, the institution, the volunteer.

E. The administrator and religious institutions:

The student will be able to:

1. Explain the responsibility of an institution for the aging to provide opportunities for religious experiences.

2. Suggest ways an administrator may enhance service to the patient by the establishment of a good working relationship with local clergy organizations.

3. List procedures which can be standardized to insure equal treatment to all religious groups having contact with the institution.

4. Discuss pros and cons of an administrator as the initiator of regular clergy conferences on needs of the institutionalized aged.

F. The administrator and the business and legal sector.

The student will be able to:

1. Describe several of the business functions with which an administrator must be familiar.

2. Discuss community based business or legal services upon which an administrator may draw and what help he may expect from each; e.g., banks, accounting firms, attorneys, etc.

3. Describe the institution as consumer and relate this to the administrator's role as purchasing agent or supervisor of the purchasing agent.

4. Discuss the difference in role of the administrator in a proprietary institution from that of one in a public or non-profit institution.

5. Indicate lines of accountability for the administrator.

C. The administrator and the government.

The student will be able to:

1. Describe the need for the administrator to stay aware of pertinent local state and federal legislation and to suggest how this may be done.

2. Describe how professional organizations of those concerned with aging can influence proposed legislation regulating care of the aging.

3. Describe the most essential provisions of at least three current programs which effect services to the aging, e.g., Medicare, Medicaid, VA, etc.

13. Instructional Methodology:

Guest lectures from among specialist in each area.
Panel discussions which emphasize the coordination function of the administrator.
Class discussions.
Individual research papers on one area in some more depth than in class.

14. Units of instruction:

Introduction, and then about two weeks each on A - F in Instructional Objectives.

15. Text and Resource Materials:

Primarily handout materials from each specialized area.

16. Evaluation Techniques:

Class discussion participation considered. Term Paper and one final exam - essay type reflecting attitude changes which have or have not resulted from taking course, or a critical essay on the presentation of any particular area, other than the one the term paper covered. Could be some short pre- and post tests (objective - true-false) to determine knowledge of factual material. Not recommended because of the limitations of time.

17. Interdivisional possibilities:

Contributions from all divisions could be made to this course: e.g.,

Social Science and Public Administration:
- Administration
- Political areas
- Social Service

Humanities:
- Fine Arts courses - organizing recreational opportunities.

Science and Health Division:
- Medical records - technological services.

Business Division:
- Business Law
- Contracts
- Accounting
- Consumer Education

MANCHESTER COMMUNITY COLLEGE

NEW COURSE PROPOSAL

1. Course Title: Public Service 244: Retirement Due to Age or Disability and Family Adjustment

2. Submitted by: Howard W. Dickstein

3. Date of Submission: May, 1972

4. Department: Public Service

5. Curricular Placement: Credit Extension. Elective in General Studies and in Public Service Career Programs.

6. Time Assignment: 3 hours a week

7. Credit Hours: 3 credit hours

8. Anticipated Student Population: Retired persons, persons planning retirement, families of retirees and/or elderly, persons working with senior citizen groups, students preparing for careers in human services or services to the aging, businessmen who may become involved in retirement counselling.

9. Prerequisites: None

10. Course Description: This course will explore general and particular problems related to retirement and family living for the disabled or persons over 60. Ways in which such problems may be resolved will be examined. Individual situations brought out in class, as well as common issues will be looked at. Corporate responsibility for pre-retirement planning will be explored. Sources of help in the community for the retiree and/or his family will be determined.

11. Course Goals:

    1. To familiarize the student with problems of older people facing retirement.

    2. To help students to understand how families function as living units and how certain stresses upon all family members brought about by older and/or disabled persons living with them may be reduced.

    3. To familiarize the student with programs and resources available to older people in the areas of health, financial resources, social functions, and other special needs.

12. Course Instructional Objectives: The student will be able to:

1. Explain some of the social and emotional problems that may result from retirement due to age or disability.

2. Discuss the role of the employer, particularly the corporation, in making available help for pre-retirement planning for later years.

3. List some common health problems in retirement and suggest ways of coping with them from the standpoints of the retiree, his family, and the community.

4. Describe several techniques that a retired person may use in coping with reduced income.

5. List sources of consumer education for the retiree.

6. Explain the financial counselling services that can be expected from:
a.) private banks
b.) public agencies, e.g. Social Security

7. Describe several alternative uses of leisure time that might grow out of previous interest which can no longer be engaged in, e.g. writing about sports for the former active sports participant.

8. Explain the various role adjustments retirement brings about.

9. List ways the various family members and friends of a retiree can prevent a sense of disorientation in the retiree as a result of necessary role adjustments.

10. Describe persons who could serve as role models for various types of retirees.

11. Devise activities to meet the social needs of retirees in each of the following living arrangements: alone, with their own family; with a foster family; in a retirement colony; in an institution.

12. List community resources available to help families having difficulties adjusting to having a retired and/or aging person in their midst.

13. Instructional Methodology:

Case studies, class discussion, guest lectures. Field visits to Senior Citizen centers and housing for the elderly. Role playing. Films.

14. Units of Instruction:

Problems of retirement; Role adjustment; Disengagement; Helping mechanisms in the area of health, finances, leisure, and interpersonal relations; Pre-retirement planning - whose responsibility?; Community resources for the retiree and for the family.

15. Text and Resource Materials:

Neugarten, Bernice L. Middle Age and Aging. The University of Chicago Press. (Chicago, Illinois, 1970)

Handout materials.

16. Evaluation Techniques:

Three take home essay type exams in which particular cases are analyzed and suggested courses of action for the retiree, aging person, and various members of his family and community to cope with the problems decerned in the cases.